

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 725323**

1. Entity Name

**THE KING-A CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90006 015 \*\*\*\*61.25

Principal Place of Business <b>101 S.W. 9TH STREET SUITE 3B MIAMI FL 33130 US</b>	Mailing Address <b>C/O ACTION GENERAL SERV. P.O. BOX 110548 HIALEAH FL 33011-0548 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0122144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

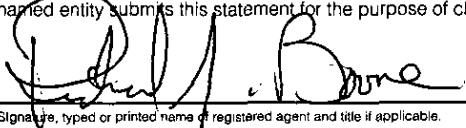
**6. Name and Address of Current Registered Agent**

**BOONE, RICHARD J  
101 SW 9TH ST  
STE 4-C  
MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE **02-02-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>BOONE, RICHARD J</b>	
STREET ADDRESS <b>101 SW 9TH STREET, 4-C</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>JIMENEZ, ADA</b>	
STREET ADDRESS <b>6365 S.W. 35TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33163</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>RUEDA, MELIDA</b>	
STREET ADDRESS <b>210 N.W. 51ST AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33126</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **02-02-00** (305) 823-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)